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|---------------------------|----------|--------|---------|
| POSITION                  | INITIALS | ID NO. | DATE    |
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       | RSD      |        | 2/24/00 |
| FORMALITY REVIEW          |          | 71423  | 3-30-00 |
| RESPONSE FORMALITY REVIEW |          | 71423  | 7-7-00  |

### INDEX OF CLAIMS

Rejected N  
 Allowed I  
 Canceled A  
 Restricted 0  
 Non-elected  
 Interference  
 Appeal  
 Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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